

**Commonwealth of Virginia  
Department of Rehabilitative Services**

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**RESTRICTED FUNDS**

**Applicant:** \_\_\_\_\_

**Proposed Budget Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

| Description of Restricted Funds   | Amount   |
|---|----------|
| A. Name of Source: _____  | \$ _____ |
| 1. Restricted for what purpose? _____   |          |
| 2. Restricted by whom? _____  |          |
| 3. How long has the restriction been in effect? _____   |          |
| 4. When may these funds be used? _____  |          |
| 5. Are earnings from restricted funds available for current operations? _____   |          |
| 6. Documentation of restrictions? <input type="checkbox"/> Attached <input type="checkbox"/> Available as specified _____ |          |
| B. Name of Source: _____  | \$ _____ |
| 1. Restricted for what purpose? _____   |          |
| 2. Restricted by whom? _____  |          |
| 3. How long has the restriction been in effect? _____   |          |
| 4. When may these funds be used? _____  |          |
| 5. Are earnings from restricted funds available for current operations? _____   |          |
| 6. Documentation of restrictions? <input type="checkbox"/> Attached <input type="checkbox"/> Available as specified _____ |          |
| C. Name of Source: _____  | \$ _____ |
| 1. Restricted for what purpose? _____   |          |
| 2. Restricted by whom? _____  |          |
| 3. How long has the restriction been in effect? _____   |          |
| 4. When may these funds be used? _____  |          |
| 5. Are earnings from restricted funds available for current operations? _____   |          |
| 6. Documentation of restrictions? <input type="checkbox"/> Attached <input type="checkbox"/> Available as specified _____ |          |
| D. Name of Source: _____  | \$ _____ |
| 1. Restricted for what purpose? _____   |          |
| 2. Restricted by whom? _____  |          |
| 3. How long has the restriction been in effect? _____   |          |
| 4. When may these funds be used? _____  |          |
| 5. Are earnings from restricted funds available for current operations? _____   |          |
| 6. Documentation of restrictions? <input type="checkbox"/> Attached <input type="checkbox"/> Available as specified _____ |          |
| E. Name of Source: _____  | \$ _____ |
| 1. Restricted for what purpose? _____   |          |
| 2. Restricted by whom? _____  |          |
| 3. How long has the restriction been in effect? _____   |          |
| 4. When may these funds be used? _____  |          |
| 5. Are earnings from restricted funds available for current operations? _____   |          |
| 6. Documentation of restrictions? <input type="checkbox"/> Attached <input type="checkbox"/> Available as specified _____ |          |
| <b>TOTAL RESTRICTED FUNDS \$ _____</b>  |          |